

Please answer the following questions as best you can. Check with an interviewer if you have any questions about what is being asked or how to reply.

SECTION A: GENERAL

- | | | |
|-----------------------------|--------------------------|---|
| Married/Living with Partner | <input type="checkbox"/> | 1 |
| Single | <input type="checkbox"/> | 2 |
| Separated | <input type="checkbox"/> | 3 |
| Widowed | <input type="checkbox"/> | 4 |
| Divorced | <input type="checkbox"/> | 5 |

- Yes ☐ 1
No ☐ 2

- Yes ☐ 1
- No ☐ 2

- Yes ☐ 1
No ☐ 2 (Skip to Q. 3d)

- Less than 6 months ☐ 1
6 months or more ☐ 2

- | | |
|----------------------|---|
| Nicotine patches | 1 |
| Nicotine chewing gum | 2 |
| chewing tobacco | 3 |
| snus/other | 4 |
| pipe/cigars | 5 |

- Self only ☐ 1 (Skip to Q. 6b)
Self and others ☐ 2

4b. Other than yourself, what is the total number of persons in the household

4c. How many of each person listed below are currently living in your household?

1 Spouse/Partner
2 Children under 18
3 Children 18 or over
4 Other relative
5 Non-related, e.g. flatmate

FOR EACH SMOKER LIVING IN YOUR HOUSEHOLD, FILL IN THE INFORMATION REQUESTED BELOW. PLEASE USE NUMBERS ALLOCATED IN Q4c. 1=spouse/partner, 2=children under 18 etc.

Question	Example	Smoker 1	Smoker 2	Smoker 3	Smoker 4	Smoker 5	Smoker 6
4d. Who is this person?	4 (i.e. other relative)	1	2	3	4	5	6
5a. How many cigarettes does this person smoke per day?	10						
5b. How many of those cigarettes are smoked in or around your home?							
5c. Where does this person smoke in or around your home?							
Anywhere	1						
Bedroom	2	✓					
Living Room	3						
Dining Room	4						
Other indoor area	5	✓					
Attached garage or basement	6						
Detached garage	7						
On the outdoors	8						

6a. Of all persons living in your household, do any of them smoke cigarettes?

Yes ☐ 1
No ☐ 2
Don't Know ☐ 3

6b. Do visitors, housekeepers or other in-home workers ever smoke cigarettes inside your home?

Yes How Often?
Less than once a month ☐ 1
Once a month or more ☐ 2
No ☐ 3

- 6c. Do any of the following people ever smoke pipes or cigars anywhere inside your home one or more times per week?
(TICK ALL THAT APPLY)

	Yes	No
Spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Children living at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other Relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Non-related roommate	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Maid/other in-home worker	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other visitor	<input type="checkbox"/> 1	<input type="checkbox"/> 2

- 7a. How long have you lived at your current address?

Less than one year ☐ 1
 1-5 years ☐ 2
 6-10 years ☐ 3
 Over 10 years ☐ 4

- 7b. Do you live in a...

House/Bungalow ☐ 1
 Apartment/Flat ☐ 2
 Mobile Home/Caravan ☐ 3
 Houseboat ☐ 4
 or other ☐ 5

- 7c. How many of each of the following rooms are in your home? (CIRCLE THE NUMBER FOR EACH TYPE OF ROOM)

Bedroom	0	1	2	3	4	5	6	7	8	9
Bathroom	0	1	2	3	4	5	6	7	8	9
Living/Sitting room	0	1	2	3	4	5	6	7	8	9
Kitchen	0	1	2	3	4	5	6	7	8	9
Separate dining room	0	1	2	3	4	5	6	7	8	9
Basement	0	1	2	3	4	5	6	7	8	9
Utility Room	0	1	2	3	4	5	6	7	8	9
Workshop	0	1	2	3	4	5	6	7	8	9

8. How far is your home from the nearest major road?

Right next to the road/highway ☐ 1
 About 1/2 km away ☐ 2
 About 1 km away ☐ 3
 Over 1 km away ☐ 4

SECTION B: GENERAL EMPLOYMENT

9a. Are you currently employed outside the home?

Yes ☐ 1
No ☐ 2

9b. Do you work...

Part-time (less than 30 hours per week) ☐ 1
Full-time (30 or more hours per week) ☐ 2

9c. Would you describe yourself as a housewife?

Yes ☐ 1
No ☐ 2

10a. What is your occupation? (Tick one box only)

Legal/Financial e.g. Solicitor, Banker ☐ 1
Medical i.e. Doctor, Nurse ☐ 2
Government Agency (Civil Service) ☐ 3
Engineering ☐ 4
Science/Computing ☐ 5
Administrative/Secretarial ☐ 6
Building/Construction ☐ 7
Wholesale/Retail e.g. Shop assistant ☐ 8
Hotel/Restaurant/Leisure Industry ☐ 9
Supply industry e.g. electricity, gas, water, telephones ☐ 10
Transportation/Haulage e.g. lorry, taxi, bus driver ☐ 11
Education ☐ 12
Other (Please specify below) ☐ 13

10b. Approximately how many people does your company employ? (write in number)

10c. Would you describe your place of employment as ... (Tick one box only)

A stand alone building with one to three floors ☐ 1
A stand alone building with four or more floors ☐ 2
A building attached to one or more other buildings ☐ 3
A store in a shopping centre ☐ 4
Other ☐ 5

- 10d. Below is a list of specific types of companies or buildings. Is the building that you work in ATTACHED TO this type of building or company?

Warehouse	<input type="checkbox"/> 01
Petroleum Plant	<input type="checkbox"/> 02
Dry Cleaning	<input type="checkbox"/> 03
Printing/Graphics Services	<input type="checkbox"/> 04
Metal working factory	<input type="checkbox"/> 05
Wood working factory	<input type="checkbox"/> 06
Chemical factory	<input type="checkbox"/> 07
Plastics factory	<input type="checkbox"/> 08
Scientific Laboratory	<input type="checkbox"/> 09
Textile Plant	<input type="checkbox"/> 10
Auto Garage/Repair shop	<input type="checkbox"/> 11
Autoparts factory	<input type="checkbox"/> 12
Other factory, Assembly Plant or Manufacturer	<input type="checkbox"/> 13
Hospital	<input type="checkbox"/> 14
School	<input type="checkbox"/> 15
Retail Store	<input type="checkbox"/> 16
Medical/Dental office	<input type="checkbox"/> 17
Other office Building	<input type="checkbox"/> 18
Bank	<input type="checkbox"/> 19
Church/Community centre	<input type="checkbox"/> 20
Apartment building	<input type="checkbox"/> 21
Restaurant	<input type="checkbox"/> 22
Trailer/Mobile unit	<input type="checkbox"/> 23
Other	<input type="checkbox"/> 24
Not attached	<input type="checkbox"/> 25

- 10e. And inside which of these types of buildings or companies do you work? (Tick one box only)

Warehouse	<input type="checkbox"/> 01
Petroleum Plant	<input type="checkbox"/> 02
Dry Cleaning	<input type="checkbox"/> 03
Printing/Graphics Services	<input type="checkbox"/> 04
Metal working factory	<input type="checkbox"/> 05
Wood working factory	<input type="checkbox"/> 06
Chemical factory	<input type="checkbox"/> 07
Plastics factory	<input type="checkbox"/> 08
Scientific Laboratory	<input type="checkbox"/> 09
Textile Plant	<input type="checkbox"/> 10
Auto Garage/Repair shop	<input type="checkbox"/> 11
Autoparts factory	<input type="checkbox"/> 12
Other factory, Assembly Plant or Manufacturer	<input type="checkbox"/> 13
Hospital	<input type="checkbox"/> 14
School	<input type="checkbox"/> 15
Retail Store	<input type="checkbox"/> 16
Medical/Dental office	<input type="checkbox"/> 17
Other office Building	<input type="checkbox"/> 18
Bank	<input type="checkbox"/> 19
Church/Community centre	<input type="checkbox"/> 20
Apartment building	<input type="checkbox"/> 21
Restaurant	<input type="checkbox"/> 22
Trailer/Mobile unit	<input type="checkbox"/> 23
Other	<input type="checkbox"/> 24

11a. Approximately how many employees work in the same building with you? (write in number)

11b. Do you work...

in a shared office Yes, how many people?
1-5 ☐ 1
6-10 ☐ 2
11-20 ☐ 3
in an open plan area ☐ 4
in an individual office ☐ 5

11c. Would you describe your personal workspace as listed below

An open area without walls/dividers or partitions ☐ 1
A cubicle with floor-to-ceiling partitions and no door ☐ 2
A cubicle with mid-height partitions and no door ☐ 3
No specific office/work all around the building ☐ 4
A traditional office (enclosed/door) ☐ 5

11d. Do you share your personal workspace with one or more people?

Yes ☐ 1
No ☐ 2

11e. How many other co-workers share your personal workspace? (write in number)

11f. And how many of those employees work within 30 metres of your personal workspace? (write in number)

12a. Which method of transportation do you normally use to go to and from work? (Tick one box only)

Car/Van as Driver ☐ 01
Car/Van as Passenger ☐ 02
Train ☐ 03
Underground ☐ 04
Bus ☐ 05
Taxi ☐ 06
Walk the full distance ☐ 07 if any of these only,
Bike ☐ 08 (i.e. not inside a vehicle,
Motorcycle ☐ 09 (Skip to Q. 13)
Other ☐ 10

12b. How many people typically ride in the same vehicle or same section of the vehicle with you?

Self only ☐ 1 (Skip to Q. 13)
Self+1 person ☐ 2
Self+2 persons ☐ 3
Self+3 persons ☐ 4
Self+4 persons ☐ 5
Self+5 persons ☐ 6
Self+6 or more people ☐ 7

12c. Do any of these people smoke in the vehicle on the way to/from work?

Yes ☐ 1
No ☐ 2

SECTION C: WORKPLACE SPECIFICS

13. How close is your workplace to the nearest major road?

- Right next to the road/highway ☐ 1
 About 1/2 km away ☐ 2
 About 1 km away ☐ 3
 Over 1 km away ☐ 4

14a. Are most or all of the floors at your workplace carpeted?

- Yes ☐ 1
 No ☐ 2

14b. Has new wall-to-wall carpeting been installed anywhere in your workplace during the past six months?

- Yes ☐ How long ago?
 In the past week ☐ 1
 Less than 1 month ago ☐ 2
 1-3 months ago ☐ 3
 3-6 months ago ☐ 4
 No ☐ 5

15a. Which of the following items are presently located within 5 metres of your personal workplace?
 (TICK ONLY IF "YES")

- Metal Desk ☐ 01
 Metal Chair ☐ 02
 Metal filing cabinet ☐ 03
 Other metal furniture ☐ 04
 Wooden or wooden composite desk ☐ 05
 Wooden chair ☐ 06
 Fabric covered chairs ☐ 07
 Other wooden furniture ☐ 08
 Fabric-covered partitions/dividers ☐ 09
 Portable humidifier ☐ 10
 Portable vaporiser ☐ 11
 Portable fan ☐ 12
 Portable heater ☐ 13
 Portable dehumidifier ☐ 14
 Portable air cleaner ☐ 15
 Laser Printer ☐ 16
 Photocopy machine ☐ 17
 Paper shredder ☐ 18
 Refrigerator ☐ 19
 Air ducts ☐ 20
 Live plants ☐ 21 How many?
 (write no. in box)

- 15.b. During the past six months, have any of the following changes been made within 6 metres of your personal workspace? (TICK ONLY IF "YES")

New Carpeting ☐ 1
 New Curtains ☐ 2
 New Furniture ☐ 3
 New Office Equipment (computer, typewriter, copier, etc) ☐ 4
 Newly painted walls/trim ☐ 5
 New Cubicle Partitions ☐ 6
 New Ceiling Tiles ☐ 7
 Other remodelling or renovations ☐ 8

- 16a. Do any of your co-workers smoke any tobacco products within 30 metres of your personal workspace?

Yes ☐ 1
 No ☐ 2 (Skip to Q. 17a)

- 16b. For each distance listed below, please write in the number of co-workers who smoke any tobacco products within this distance from your personal workspace. (IF NONE, WRITE "0").

Within 2 metres 1
 2-4 metres 2
 4-7 metres 3
 7-15 metres 4
 15-30 metres 5

- 17a. How is your workplace heated?...see table below and circle as appropriate.

- 17b. Does this heating system have a fan or other mechanism that somehow "forces" the heated air into the room or "circulates" it through the room(s)? (CIRCLE "YES", "NO", OR "DK" IF DONT KNOW IN COLUMN 17b)

- 17c. Which one type of heating is used most often in your workplace? (CIRCLE ONE NUMBER IN COLUMN 17c)

	17a (CIRCLE ONE)	17b (CIRCLE ONE)	17c (CIRCLE ONE)
Electric	1	Yes No DK	1
Gas	2	Yes No DK	2
Paraffin	3	Yes No DK	3
Steam	4	Yes No DK	4
Oil	5	Yes No DK	5
Fireplaces	6	Yes No DK	6
Water-heating	7	Yes No DK	7
Central heating	8	Yes No DK	8
Don't know	9	Yes No DK	9

18a. How is your workplace cooled? (CIRCLE ALL THAT APPLY IN COLUMN 18a)

18b. Which type of cooling system is used most often in your workplace? (CIRCLE ONE NUMBER IN COLUMN 18b)

	18a (HAVE/USE)	18b (USE MOST OFTEN)
Central air heat pump	1	1
Window conditioning unit	2	2
Portable air conditioner	3	3
Evaporative cooler	4	4
Portable evaporative cooler	5	5
Open windows	6	6
Other	7	7
Don't know	8	8

19. Do you have any type of air cleaning device in your workplace?

Yes What type?
 Portable ☐ 1
 Central air ☐ 2
 Both ☐ 3
 Don't know ☐ 4
 No ☐ 5

Thank you for answering these questions. Please hand this questionnaire to the interviewer, noting any problems you might have had with any of these questions.